



Complainant's Name	Address	Telephone #
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Employer	Business Address	Occupation	Telephone #
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Date and Time Reported	Location Where Received
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How was Compliant Made:	<input type="checkbox"/>	Person	<input type="checkbox"/>	Mail	<input type="checkbox"/>	Phone
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Name of Person Asst. Complainant	Address	Telephone #
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	Unit #
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[illegible]

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Date and Time of Occurrence	Location of Occurrence
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Name of Witness	Address	Relationship	Telephone #
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			x	x
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Details of complaint (in your handwriting), give a brief description of what happened. If additional space is needed please attach separate sheets.

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Signature of Supervisor Receiving Complaint	Signature of Person Assisting Complaint	Signature of Complainant
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[illegible]